MULTIPLE DEPENDENT CLAIM   FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	ILING DATE
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2     52       3     52       53     53       5     55       6     55       7     55       8     57       8     58       9     59       10     60       61     61	DEP. IND. DEP.
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4     5       5     55       6     55       7     56       8     57       8     58       9     59       10     60       11     61	
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DEP.  TOTAL CLAIMS  TOTAL CLAIMS	<del>▎▐▃</del> ▃┪│

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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